MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	1							61		
2								62		
3								63		
4								64		
5								65		
6								66		
7								67		
8								68		
9	1							69		
10								60		
11								61		
12								62		
13								63		
14	1							64		
15								65		
16								66		
17	1							67		
18								68		
19								69		
20								70		
21								71		
22								72		
23								73		
24								74		
25								75		
26								76		
27								77		
28								78		
29								79		
30								80		
31								81		
32								82		
33								83		
34								84		
35								85		
36								86		
37								87		
38								88		
39								89		
40								90		
41								91		
42								92		
43								93		
44								94		
45								95		
46								96		
47								97		
48								98		
49								99		
60								100		
TOTAL IND.	3							TOTAL IND.		
TOTAL DEP.	24							TOTAL DEP.		
TOTAL CLAIMS	27							TOTAL CLAIMS		